


FILE NOW: FILING FEE IS \$61.25

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Apr 13, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002438

1. Corporation Name
DAYSTAR PUBLIC RADIO, INC.


Principal Place of Business 1403 INDIAN RIVER AVE. TITUSVILLE FL 32780	Mailing Address 1403 INDIAN RIVER AVE. TITUSVILLE FL 32780
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/07/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3438641
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LINKOUS, LARRY 1403 INDIAN RIVER AVE. TITUSVILLE FL 32780		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL 32780
		83 City	
		Titusville, Fl 32780	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:  DATE: 4/1/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINKOUS, LARRY	1.2 NAME	
STREET ADDRESS	1403 INDIAN RIVER AVE.	1.3 STREET ADDRESS	788 Florencia Circle
CITY-ST-ZIP	TITUSVILLE FL 32780	1.4 CITY-ST-ZIP	Titusville, Fl 32780
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINKOUS, SANDRA	2.2 NAME	
STREET ADDRESS	1403 INDIAN RIVER AVE.	2.3 STREET ADDRESS	788 Florencia Circle
CITY-ST-ZIP	TITUSVILLE FL 32780	2.4 CITY-ST-ZIP	Titusville, Fl 32780
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINKOUS, JASON	3.2 NAME	
STREET ADDRESS	312 BELLAIR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINKOUS, MINDY	4.2 NAME	
STREET ADDRESS	312 BELLAIR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPLANTE, RITA	5.2 NAME	→ Pritchett, Rita
STREET ADDRESS	3456 TACKETT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, GENA	6.2 NAME	
STREET ADDRESS	1403 INDIAN RIVER AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/1/99 DAYTIME PHONE: 407 269-2551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)